APPLICATION DATA SHEET

Application Information

Secrecy Order in Parent Appl.::

| Application Number:: | |
|----------------------------------|------------------------------|
| Filing Date:: | 11/24/03 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CFR)?:: | |
| Number of Copies of CFR:: | |
| Title:: | CAPTURING DEVICE FOR INSECTS |
| Attorney Docket Number:: | 36729-198472 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |

Applicant Information

Applicant Authority Type::

| Primary Citizenship:: | USA |
|---|-----------------|
| Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | David |
| Middle Name:: | W. |
| Family Name:: | Nelson |
| Name Suffix:: | |
| City of Residence:: | Asheville |
| State or Province of Residence:: | NC |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 135 Pine Street |
| City of Mailing Address:: | Asheville |
| State or Province of Mailing | NC |
| Address:: Country of Mailing Address:: | USA |
| Postal or Zip Code of Mailing Address:: | 28801 |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship:: | |
| Country:: | |
| Status:: | Full Capacity |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |
| Name Suffix:: | |
| City of Residence:: | |
| State or Province of Residence:: | |
| Country of Residence:: | |
| Street of Mailing Address:: | |

Inventor

| City of Mailing Address:: | |
|---|---------------|
| State or Province of Mailing Address:: Country of Mailing Address:: | |
| Postal or Zip Code of Mailing Address:: | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship:: | |
| Country:: | |
| Status:: | Full Capacity |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |
| Name Suffix:: | |
| City of Residence:: | |
| State or Province of Residence:: | |
| Country of Residence:: | |
| Street of Mailing Address:: | |
| City of Mailing Address:: | |
| State or Province of Mailing Address:: Country of Mailing Address:: | |
| Postal or Zip Code of Mailing Address:: | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship:: | |
| Country:: | |
| Status:: | Full Capacity |
| Given Name:: | |
| Middle Name:: | |
| Family Name:: | |

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

Correspondence Information

Correspondence Customer

26694

Number::

Phone Number::

202 344 8000

Fax Number::

202 344 4800

E-Mail Address::

acaitken@venable.com

Representative Information

Representative Customer

26694

Number::

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | Continuation of | 09/652,235 | 8/22/00 |
| 09/652,235 | Continuation of | 09/246,543 | 2/8/99 |
| 09/246,543 | Continuation of | 08/832,384 | 4/2/97 |
| | Continuation of | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::